HEALTH INFORMATION TECHNOLOGY BLUE RIBBON TASK FORCE
MEETING MINUTES

August 20, 2010
9:00 am

Grant Sawyer State Office Building
555 East Washington Avenue, Room 4401
Las Vegas, NV 89101-1072

Legislative Building
401 South Carson Street, Room 2134
Carson City, NV 89701-4747

TASK FORCE MEMBERS PRESENT:
Dr. Raymond Rawson, Chairman (Las Vegas)
Marc Bennett, Vice Chairman (Las Vegas)
Brett Barratt (Carson City)
Chris Bosse (Carson City)
Bobbette Bond (Las Vegas)
Brian Brannman (Las Vegas)
Peggy Brown (Carson City)
Tom Chase (Carson City)
Charles "Chuck" Duarte (Carson City)
Robert "Rob" Dornberger (Carson City)
Jason Martin (Carson City)
Robert "Bob" Schaich (Las Vegas)
Russell Suzuki (Las Vegas)
Maurizio Trevisan, MD (Las Vegas)
Glenn Trowbridge (Las Vegas)
Marena Works, RN (Carson City)

TASK FORCE MEMBERS EXCUSED:
Tracey Green MD
Rick Hsu
Stephen Loos, MD
Joanne Ruh

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF PRESENT:
Lynn O'Mara, State HIT Coordinator, Director's Office, DHHS
Charles Harvey, ARRA Director, Office of Governor
Ernie Hernandez, IT Manager, Office of Informatics and Technology, Health Division
Mary Liveratti, Deputy Director, DHHS
Justin Luna, Management Analyst, Division of Health Care Financing and Policy
Joyce Miller, Administrative Assistant, Director's Office, DHHS
Theresa Presley, IT Professional, Office of Informatics and Technology, Health Division
Mel Rosenberg, Chief of IT, Division of Health Care Financing and Policy

OTHERS PRESENT:
Jan Brase, ARRA, Office of the Governor
Dennis Freimann, ARRA, Office of the Governor
Leonard Hammer, Physician's Managed Care IPA
Deborah Huber, Vice President, Nevada Programs, HealthInsight
Erin McMullen Sandlot Connect/Snell & Wilmer
Nicole McNeal, Public Knowledge
Michael Pennington, CSA/DC
Alex Tunchek, representing Neena Laxalt
Anna Wilson, Indian Health Services-HQ

Dr. Raymond Rawson, Chairman, called the meeting to order at 9:07 a.m. He stated that the meeting agenda was posted in accordance with Nevada Open Meeting Law at the Nevada Department of Health and Human Services, the Grant Sawyer State Office Building, the Legislative Building, the Nevada State Library and Archives, and on the Nevada Department of Health and Human Services web site. He also explained that the meeting was being videoconferenced from the Grant Sawyer Building in Las Vegas to the Legislative Building in Carson City, as well as being broadcast live over the Internet.

Dr. Rawson stated that public comment would be taken later during the meeting. He reminded everyone that when speaking to state their name and who they represented, for the record. Also, he commented that as the Chairman, he reserved the right to limit comments to three minutes per person, and would respectfully interrupt if the time was exceeded. He asked that information already presented by someone else not be repeated. Dr. Rawson asked that information already presented by someone else not be repeated. He reminded the Task Force members whenever speaking, to always first identify themselves for the record, as it was important to correctly identify speakers and their corresponding comments. He requested that everyone in Carson City and Las Vegas please sign the attendance sheet for their location, if they had not already done so.

Dr. Rawson requested that Joyce Miller call the roll.

1. Roll Call, Announcements and Approval of Meeting Minutes from the July 16, 2010 Meeting

Joyce Miller called the roll. She informed the Chairman that JoAnne Ruh was excused. Dr. Tracey Green was excused and was being represented by Theresa Presley, IT Professional with the Nevada State Health Division. Rick Hsu was also excused. In addition, Dr. Stephen Loos was excused and was being represented by Ernie Hernandez, Manager of the Health Division Office of Informatics and Technology.

Dr. Rawson encouraged participation by the individuals representing Task Force members and noted that they had the authority to vote.

Dr. Rawson asked if there were any additions or corrections to the minutes from the July 16, 2010 Task Force Meeting. Ms. Bond stated one correction. He then asked for a motion to approve the minutes.

MOTION: Robert Schaich moved to approve the minutes, with Ms. Bonds' correction, from the July 16, 2010 meeting
SECOND: Brian Brannman
APPROVED: UNANIMOUSLY

Dr. Rawson announced that Governor Gibbons has appointed Jason Martin as a new Task Force Member and requested Ms. O'Mara to complete the introduction.

Ms. O'Mara stated that Valerie Rosalin had resigned from the Task Force, and that Governor Gibbons had appointed Jason Martin as her replacement. Mr. Martin lives in Reno with his wife and baby daughter, and his professional experience includes project management, construction industry and financial services. He is an MBA student at the University of Nevada, Reno and has been assisting the State HIT Coordinator with due diligence research for the State HIT Strategic Plan. Ms. O'Mara noted that this project was close to completion and the results would be presented to the Task Force during its September meeting.

2. Staff Reports

Dr. Rawson asked Mr. Duarte to provide an update on Nevada Medicaid's Health Information Technology activities. He requested Mr. Duarte to be the first to speak and asked Ms. O'Mara to follow, by providing an update of the Health Information Exchange Cooperative Agreement and other related matters; including the regional conference which she, he and Mr. Rosenberg, from Medicaid, had attended in Salt Lake City; just the day before today's Task Force meeting.

Mr. Duarte provided an update about Medicaid's EHR incentive planning efforts and reported that earlier in the week CMS released a letter to State Medicaid Directors providing additional guidance on these efforts. He indicated that he would be reviewing the contents of the letter to determine the impact, if any, on Nevada's Medicaid's HIT plans and would report back to the Task Force. Mr. Duarte stated the next step for Medicaid, regarding the EHR incentive payment planning, was contracting for the development of the State Medicaid HIT Plan. He reported that nine proposals were received in response to his agency's RFP and were undergoing the evaluation and selection process. Mr. Duarte explained that the State Medicaid HIT Plan would include a description of the EHR Incentive Program administration and how it will be utilized to track compliance with meaningful use requirements, as well as, how it will be leveraged to encourage Health Information Exchange. He concluded his report stating his agency was still in

negotiations with Hewlett-Packard/Electronic Data Systems (HP/EDS) regarding the Medicaid Management Information System (MMIS) take-over contract.

Dr. Rawson inquired if HP/EDS was aware of what the Task Force was attempting to accomplish regarding HIE. Mr. Duarte replied that it was part of the MMIS take-over procurement and noted that, since Mr. Rosenberg is responsible for the contract and is very much involved with Task Force, both he and Mr. Rosenberg were keeping HP/EDS apprised of the Task Force's HIE efforts.

Ms. O'Mara reported that the Nevada Hospital Association Consortium had just been awarded the requested $19.6 million ARRA Broadband grant for a telemedicine infrastructure. She commented that the application had included a letter of support from her as the State HIT Coordinator; since there was potential to leverage that infrastructure with meeting HIE requirements. The status of the companion application, submitted by Arizona-Nevada Tower Corporation, was unknown.

Ms. O'Mara stated that she and the DHHS Tribal Liaison had met with the Chief Information Officer for the Indian Health Service, Phoenix area, which includes Arizona, Nevada and Utah. Two of his staff was also at the meeting. Discussion was centered around collaboration and coordination of HIT and HIE efforts to meet federal requirements, including EHRs and meaningful use.

She reported that earlier during the week, she, Mr. Rosenberg and the HealthInsight staff attended a HITECH grantees meeting for State HIT Coordinators, State Medicaid agencies and RECs. ONC and CMS staff was present; there was discussion regarding continued coordination and collaboration to meet meaningful use requirements. ONC will consider forming a workgroup to develop a template Data Use and Reciprocal Support Agreement (DURSA) for use by the states and territories for interstate HIE. That way each state or territory would have to manage fifty-five agreements versus approximately five hundred or more. Another topic discussed was the lack of incentives for independent pharmacies to adopt and use the electronic prescribing of medications and/or ePrescribing. States may need to research possible incentive options to encourage all pharmacies to participate. In a similar way, clinical laboratories have no incentive to participate in Health Information Exchange. States may need to develop incentives to ensure that structured lab data exchange requirements can be met.

Ms. O'Mara reported that the day after that meeting she, Mr. Rosenberg and Dr. Rawson attended an NGA Regional Health IT consultation for western states, which also included ONC and CMS. ONC has tasked the NGA Center for Best Practices with the development of the promised HITECH-Health Care Reform crosswalk, which is expected to be completed by the end of October. The states proposed that once the overlaps are determined, they ought to be allowed to pool grant dollars from both to meet program requirements. This would reduce any duplication of efforts, and permit resources to be more effectively leveraged and maximized.

Commissioner Barratt requested more information regarding the crosswalk between HITECH with the Health Care Reform Bill. Ms. O'Mara explained that some of the health care reform programs were stipulating the use of the Health Information Exchange standards and protocols, and there may be other related Health Information Technologies that would be applicable or required. She noted that once the NGA crosswalk is completed, the overlaps could be identified and the common ground leveraged. Dr. Rawson commented that the health technology timelines, which support the major revamping of our health care system, need to be coordinated, as the two must work together.

Mr. Bennett asked for more details regarding incentives for independent pharmacies and labs. He stated that he believed there would be incentives for these two, especially for labs who are associated with accurate and timely delivery of results to providers. Mr. O'Mara replied that HITECH did not include incentive provisions for labs to encourage participation in Health Information Exchange; that incentives would have to come from other sources. Based on feedback from other western states, it appears that while labs are interested and willing to engage in HIE, they are concerned about the cost and implementation timelines. Hospital labs are more likely to use HIE, if they are not already. The small, independent labs are of concern, due to implementation cost issues. Ms. O'Mara also noted that a barrier to ePrescribing by small independent pharmacies, particularly in rural areas, is the transaction costs. Currently, there is a single network provider of electronic prescribing services and the lack of competition has been raised with ONC as an issue. Guidance to the states from ONC is researching state-level or private sector incentives that could be offered to labs and pharmacies to encourage HIE, and ePrescribing participation.

3. Informational Presentation: Nevada Health Information Technology (HIT) Statewide Assessment

Ms. O'Mara provided information to the Task Force contained in the handout entitled "Nevada Health Information Technology Statewide Assessment," prepared in coordination with Mr. Rosenberg, which summarized the assessment results. She reminded the members that the assessment was a joint effort between the Office of HIT and Nevada

Medicaid to meet their respective requirements for an environmental scan and landscape assessment. A hard copy of the final report was provided to each member; it will be posted online, on the DHHS HIT Website, by August 27, 2010.

Dr. Rawson voiced his concern regarding the 22 percent of respondents reporting no intention of going to an Electronic Health Record system in 5 years. Since full implementation nationwide is expected by 2014, he questioned if these respondents were aware of the possible implications of that choice. Ms. O'Mara replied that the assessment results indicated they probably did not understand the value of implementing an EHR system or realize the potential impact on future reimbursements. She also stated that state-level provider outreach and education about EHRs would be important to increasing the provider adoption rate.

Mr. Duarte reported on an issue, being reviewed by his staff, which may have an impact on the eligible providers for Medicaid EHR incentives. Many specialists in pediatrics are either licensed as pediatricians or are just licensed as pediatricians, even though they may practice a subspecialty. In addition, it is difficult to easily identify primary care physicians because they often do not become licensed beyond their general specialty, and additional research is required to determine if they are just a pediatrician or if they are a pediatric sub-specialist.

Ms. Bond commented that if the average Medicaid patient volume was 28 percent, then the EHR incentive program could encourage more primary care physicians to increase their Medicaid patient volume to the minimum 30 percent; making them eligible providers. She asked if there was something the Task Force could do to educate the providers about the gap. Ms. O'Mara replied that it was not clear if a targeted outreach program would have the desired outcome; given the various other concerns cited by the providers.

Mr. Duarte reminded the Task Force to keep in mind that the population eligible to participate in Nevada Medicaid would be affected by its state general fund allocation. Budget decisions made by the Legislature during the upcoming session may influence decisions by physicians regarding their Medicaid patient volumes. They could expand the volume, contract it or decide to discontinue providing health care services to Medicaid clients. Mr. Bennett noted that the maximum potential reimbursement of $ 66,000 over five years would probably not offset the expected reduced reimbursements for services; resulting in a disincentive to increase Medicaid patient volume. Ms. O'Mara commented that when all the related costs to implement and maintain an EHR system, including monthly connectivity costs, it may add to the disincentive. Dr. Rawson stated that most physicians would consider the total amount to be significant. Ms. O'Mara cited the possibility of subscription fees or transaction costs for utilizing to Health Information Exchange services as also being another financial impact to consider. Dr. Rawson explained that the typical 25¢ per transaction fee is not an issue, if you only have one transaction per patient. However, it is highly likely that there would be a half-dozen or so transactions for that patient; increasing costs.

Ms. Bond commented that the EHR incentives grants do not assist with purchasing and implementing an EHR system, leaving the providers to deal with the upfront costs. Ms. O'Mara noted that while there was a provision in HITECH for state loan programs, it has not been funded, nor is it likely to be.

Ms. O'Mara stated that it was her understanding that the REC could build a business offering technical assistance services to physicians, beyond the life of its HITECH grant. Mr. Bennett explained that ONC expects all Regional Extension Centers to have a business plan to extend their life beyond the scope of federal funding.

Mr. Suzuki, whose business is partnered with the EHR vendor Allscripts, noted that receiving information regarding the return on investment for implementing an EHR system would be valuable to physicians and their practices. He explained that providers would need to know potential labor cost savings, impact on reimbursements, decreased

expenses, etc. Mr. Suzuki provided examples of what EHR vendors are offering to assist providers with out-of-pocket expenses, such as; deferred payments options. He stated that provider outreach and education, at the state level, was needed. After noting that, in general, that improved provider productivity would take approximately six to twelve months. Ms. O'Mara asked Mr. Suzuki if he could provide a typical timeframe for realizing return on investment. Mr. Suzuki replied based on Allscripts' calculations, for a typical physician adopting their EHR system, return on investment was occurring after about a year and a half. Mr. Bennett noted that return on investment was impacted by

how aggressively a physician's practice worked through office culture and workflow issues to full system utilization, and effectiveness; and explained that this was one of the objectives of the REC funding. Mr. Duarte commented that provider education was important for achieving EHR adoption and meaningful use, and coordinating this effort with the vendor community would help to identify additional incentive options and marketing messages.

Ms. O'Mara provided an update regarding the Health IT Workforce Training Program under development by the College of Southern Nevada. The program is on schedule to begin September 30, 2010.

Ms. O'Mara reported during the NGA HIT Regional Consultation Meeting, an issue raised was provider liability when personal and/or medial identity occurred as result of Health Information Exchange. She noted that until the Health Information Exchange standards were released by ONC, it would be difficult to address these concerns. Dr. Rawson commented; personal health records, such as Google™ health, are not protected by HIPAA and have a different set of privacy protections. Many are not comfortable in using them for the storage of personal health information due to the lack of security guarantees. Ms. O'Mara reminded the Task Force that these records are currently under the jurisdiction of the Federal Trade Commission (FTC) and stated the belief that, due to HITECH, their regulation would most likely be reassigned to federal HHS.

Based on HIT assessment results, Ms. O'Mara reported that many providers do not understand Health Information Exchange, including the possible costs to use, which will need to be addressed through provider outreach and education. Mr. Suzuki asked if the Task Force was going to determine the actual HIE prices or fees. Ms. O'Mara replied that would most likely be addressed by the governance entity.

Mr. Hernandez inquired about HealthInsight's provider recruitment issues, related to the on impact HIE deployment. Ms. O'Mara reminded the Task Force that the REC is incorrectly being perceived as a competitor to EHR vendors. The role of the REC is meant to be a resource for the providers, assisting them with EHR selection and utilization. This will need to be addressed as part of the planned provider outreach and education efforts

Ms. Bond asked if the Task Force members could receive a copy of the E-Health survey itself. Ms. O'Mara explained that it was available on the HIT Website, and would remain posted, along with other information relating to the HIT assessment. Ms. Bond inquired about the possibility of the survey responses being categorized by medial specialty areas. Ms. McNeal from Public Knowledge stated that they did complete a break-out by various provider specialties (e.g. PCPs, specialist, hospitals, etc.) and that information was included in the final report.

Dr. Rawson asked Mr. Rosenberg if he had any comments to add to Ms. O'Mara's presentation. Mr. Rosenberg stated that he did not, commenting that the overview was complete.

4. Informational Presentation: Nevada Health Information Technology Regulatory and Policy Inventory

Ms. O'Mara reminded the Task Force that a regulatory and policy inventory was required by the HIE Cooperative Agreement in order to identify related HIT gaps and barriers, and for harmonization with HITECH requirements. The inventory was conducted by a temporary employee, Leslie Hamner, who has had extensive legislative policy analysis and development experience. Ms. O'Mara then provided information to the Task Force contained in the handout entitled "Nevada Health Information Technology Regulatory and Policy Inventory." She stated the results were being used to develop the HIT omnibus Bill Draft Request. The final inventory report was due August 27, 2010 and would be sent to the Task Force, as well as, posted on the HIT Web site.

Mr. Suzuki inquired about record accessibility, availability and retention to meet legal requirements. Ms. O'Mara replied that more extensive review would be done during the actual drafting of the bill's language to determine how these issues needed to be addressed.

Ms. O'Mara noted that new federal regulations and rules resulting from the HITECH Act, the Affordable Care may further impact HIT state level legislation. She also explained that coordination with agencies external to DHHS would be necessary to address certain gaps or barriers.

Ms. O'Mara reminded the Task Force that the Nevada Administrative Code (NAC) was not included in the inventory. A separate review would need to be done, once the HIT Bill was passed and the final provisions were known.

After Ms. O'Mara noted that changes to certain pharmacy statutes would be necessary to remove barriers to ePrescribing; Dr. Trevisan commented that he thought that many providers were already using ePrescribing. Ms. O'Mara confirmed that was true, although there were some concerns regarding certain existing provisions which may need amending to enable full utilization; in order to meet meaningful use.

Ms. Bond commented that in 2007 there was significant legislative concerns regarding pharmaceutical companies being able to sell physician data for profit, which is probably the reason the doctors raised the issue of confidentiality during the HIT assessment. She noted that they will need to be reassured about how their data is going to be used by the retail market

5. Discussion and Make Recommendations Relating to the Health Information Technology Bill Draft Request for 76th Session (2011) of the Nevada Legislature

Ms. O'Mara provided an overview of the proposed omnibus HIT Bill Draft Request (BDR) submitted to the Department of Administration and provided to the Task Force members. She explained that the final version would be submitted to the Legislative Counsel Bureau (LCB) by the September 1, 2010 deadline and there was still time to modify the draft. Ms. O'Mara noted she would be adding more specific information regarding the need to remove ePrescribing barriers.

Mr. Suzuki asked if there would be a public comment period. Ms. O'Mara stated that part of the lawmaking process included public comment, when bills were heard in committee. She said that the final BDR would be posted on the HIT Website and comments could be submitted to her. As the bill language is drafted, Ms. O'Mara noted that she may request further input from the Task Force, and would keep the members informed of the bills' progress during session.

Ms. O'Mara commented that because Health IT was evolving and changing rapidly, the BDR will seek to do what only is essential in NRS and have a designated authority promulgate supporting regulations. Mr. Suzuki asked if the intent was to have input from stakeholders prior to the Bill Draft being presented to the Legislature. Both Dr. Rawson and Ms. O'Mara stated that it was the intent; so items of concern could be addressed. Mr. Trowbridge stated that in addition to the state agencies, final NRS changes would need to be communicated to the medical professionals at the University School of Medicine (UNSOM), the county hospitals and the health districts. Ms. O'Mara agreed and noted that she would be meeting with the Southern Nevada Health District to discuss coordination of HIT efforts. She reported meeting with the UNSOM interim Assistant Dean for Medical Education, who stated their curriculum is currently going through a general revision; adding some basic HIT course content to the second year medical school curriculum. Ms. O'Mara commented that similar work would need to be done with the School of Nursing, the School of Dentistry and other health professionals programs that were part of the University's Health Sciences System.

Mr. Duarte asked Mr. Suzuki if he knew of any HIT-focused legal reviews that could supplement the review being done for the HIE Cooperative Agreement to mitigate issues that may arise during the legislative session. Mr. Suzuki reported that a stakeholder had presented information to the Nevada HIMSS members regarding potential conflicts between NRS provisions and EHR adoption and would follow-up with Ms. O'Mara with more information. Mr. Bennett pointed out that if the bill was not properly vetted, Task Force members could end up lobbying against all or portions of the bill. Dr. Rawson stressed that allowing for sufficient public comment during Task Force meetings, when related issues arose, could help with the vetting process. Ms. O'Mara explained that once the Bill Draft was submitted to LCB, the process was under its control and ad hoc Task Force meetings may be necessary to discuss issues that surfaced.

Mr. Bennett asked if the Task Force would make the patient consent decision, which led to Task Force discussion regarding the pros and cons of the various models. There is a section of the BDR for addressing patient consent, and the Legislature will seek consumer feedback on the issue. Dr. Rawson noted that if an individual wants their records to be confidential and to be excluded, then they would need that option to feel secure that the information will not be used in an inappropriate way. Ms. Bond cited the difficulties experienced and lessons learned when simply implementing HIPAA and ensuring that providers were able to get necessary health information for their patients; everyone needs to be certain that they sign-up whoever gets access to their information. Ms. O'Mara suggested to the Task Force that it might be prudent to have Dr. Deborah Peel, M.D., founder of Patient Privacy Rights, present information to the Task Force regarding protecting the privacy of health care information. While Dr. Rawson agreed, he stated that for the Task Force to make a sound recommendation, information for both "opt-in" and "opt-out" options would be needed.

Ms. Bosse commented that the key issues need to be identified and prioritized, with timelines attached, in order to reach decisions and make recommendations, particularly for drafting the legislative bill. The results of the regulatory

inventory and UNR student research will be helpful in that regard. Mr. Duarte commented that because there are specific Medicaid provisions in federal law, which may need to be evaluated, he would like to have his Deputy Attorney Generals review the final regulatory inventory and compare the results to existing Medicaid NRS provisions. Ms. Bond asked if legislation would be needed for other issues, such as, the governance structure and accountability. Ms. O'Mara stated that may need to included in the Bill Draft, once that was determined.

6. Discussion and Make Recommendations Relating to Draft Nevada Health Information Technology Strategic and Operational Plan required by Nevada's ARRA HITECH State HIE Cooperative Agreement

Ms. O'Mara provided an overview of what information would be included in Nevada's State HIT Strategic and Operational Plan, which is due to ONC on August 31, 2010 and include a possible governance structure. She stated that ONC understood that Nevada would be submitting a preliminary plan. As decisions were made, the plan could be revised and resubmitted as often as necessary. The results of the regulatory inventory and the due diligence research, compiled by the UNR MBA students, were needed to assist the Task Force and DHHS in addressing the requirements of the HIE Cooperative Agreement.

Mr. Suzuki requested more information about the Continuity of Care Document. Ms. O'Mara stated she was not yet familiar with the specifics and understood it to be what was required for the electronic exchange of patient care summary information between health facilities. Mr. Bennett commented that, while there may not be a standard format, many EHR vendors have the capacity to extract information from the patient's record. Nevada may need to specify the exact elements required to meet meaningful use.

Ms. O'Mara commented that more work will be needed with independent labs to ensure electronic exchange of structured lab results, and with independent pharmacies to ensure ePrescribing utilization. Mr. Rosenberg stated that it would be wise to set the goal of achieving 2015 Meaningful Use Standards, as it will take time to implement the required infrastructure to the necessary level of operation. His chief concern was that if the focus was only on meeting 2011 criteria, we may find ourselves falling behind. Ms. O'Mara noted that while three HIE services were the focus for 2011, there were several others required in the following years.

Ms. Bosse requested additional information about the four measures required by the HIE Gap Analysis which now has to be completed for the cooperative agreement. Ms. O'Mara explained that the measures were required by ONC for all grantees, as they supported meaningful use requirements. Mr. Duarte suggested considering additional measures that may be useful for tracking meaningful use. Ms. O'Mara stated that additional guidance from ONC was pending, in regards to optional additional measures for Nevada to consider, including for evaluation purposes.

Ms. Bond proposed taking a vote on the proposed governance structure. Ms. O'Mara suggested waiting until the September meeting, when the Task Force reviewed the information compiled by the UNR MBA students. Mr. Bennett suggested the same and a vote was tabled until that time.

Mr. Suzuki asked what type of organization would carry out HIE operations. Ms. O'Mara replied that it would most likely be a state designated entity, with the State doing the regulatory oversight, which was consistent with the results of the HIT Assessment.

7. Public Comment and Discussion

Dr. Rawson asked for public comment. There was none.

Ms. Bond suggested that provider outreach and education be added to the tasks of one of the Subcommittees, in support of the HIT Assessment. She believed it is important to assist physicians with understanding the EHR incentives and vendor options; in regards to outreach and education, she would like to add this task to one of the Subcommittees. Dr. Rawson stated that the Subcommittees would probably need to be restructured, once priorities were established.

Mr. Hernandez reported that the Pyramid Lake Paiute Tribe in Northern Nevada was awarded an ARRA Broadband grant. Ms. O'Mara commented that coordination of broadband efforts was discussed during her meeting with the Indian Health Service.

Dr. Rawson announced that the next three Task Force meetings were scheduled for September 17th, October 15th and November 19th all commencing at 9:00 a.m. He directed the Task Force members to contact Ms. O'Mara or him, as soon as possible, with any issues for these upcoming meetings.

8. Adjournment

Dr. Rawson adjourned the meeting at 11:49 a.m.